

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90130 040 \*\*\*150.00

DOCUMENT # P05000125772

1. Entity Name  
FANTA TILE SYSTEMS INC



Principal Place of Business  
12670 EQUESTRIAN CIRCLE  
APT 2204  
FORT MYERS, FL 33907

Mailing Address  
12670 EQUESTRIAN CIRCLE  
APT 2204  
FORT MYERS, FL 33907

40045385



2. Principal Place of Business - No P.O. Box #  
720 5TH ST SW  
Suite, Apt. #, etc

3. Mailing Address  
720 5TH ST SW  
Suite, Apt. #, etc

01192007 Chg-P CR2E034 (12/06)

City & State  
NAPLES

City & State  
NAPLES

4. FEI Number  
20-3463785

Applied For  
Not Applicable

Zip  
34117

Country

Zip  
34117

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, ROGELIO  
12670 EQUESTRIAN CIRCLE  
APT # 2204  
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name  
HERNANDEZ, ROGELIO  
Street Address (P.O. Box Number is Not Acceptable)  
720 5TH ST SW  
City  
NAPLES FL Zip Code  
34117

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

01/31/07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

|                 |                         |                                 |
|-----------------|-------------------------|---------------------------------|
| TITLE           | P                       | <input type="checkbox"/> Delete |
| NAME            | HERNANDEZ, ROGELIO      |                                 |
| STREET ADDRESS  | 12670 EQUESTRIAN CIRCLE |                                 |
| CITY - ST - ZIP | FORT MYERS, FL 33907    |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |
| TITLE           |                         | <input type="checkbox"/> Delete |
| NAME            |                         |                                 |
| STREET ADDRESS  |                         |                                 |
| CITY - ST - ZIP |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

|                 |                       |  |
|-----------------|-----------------------|--|
| TITLE           | P                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME            | HERNANDEZ, ROGELIO    |  |
| STREET ADDRESS  | 720 5TH ST SW         |  |
| CITY - ST - ZIP | NAPLES, FL 34117-2116 |  |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |
| TITLE           |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME            |                       |  |
| STREET ADDRESS  |                       |  |
| CITY - ST - ZIP |                       |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/07 PRESIDENT

Date

Daytime Phone #